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06/09/00  
 1c829 U.S. PTO

Please type a plus sign (+) inside this box → ☐

Approved for use through 09/30/2000, OMB 0651-0032  
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. \_\_\_\_\_  
 First Inventor or Application Identifier **C. TRUFANT**  
 Title **AN INTERGROUP WORKING MODEL FOR**  
 Express Mail Label No. **EE 672 257 550 US**

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ \* Fee Transmittal Form (e.g., PTO/SB/17)  
 (Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages **6**]  
 (preferred arrangement set forth below)  
 - Descriptive title of the Invention ✓  
 - Cross References to Related Applications ○  
 - Statement Regarding Fed sponsored R & D ○  
 - Reference to Microfiche Appendix ○  
 - Background of the Invention ✓  
 - Brief Summary of the Invention ✓  
 - Brief Description of the Drawings (if filed) ✓  
 - Detailed Description ✓  
 - Claim(s) ✓  
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **2**]
4. Oath or Declaration [Total Pages **2**]  
 a. ☒ Newly executed (original or copy)  
 b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
 (for continuation/divisional with Box 16 completed)  
 i. ☐ DELETION OF INVENTOR(S)  
 Signed statement attached deleting  
 inventor(s) named in the prior application,  
 see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY  
 FEES, A SMALL ENTITY STATEMENT IS REQUIRED (BY C.F.R. § 1.27), EXCEPT  
 IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (BY C.F.R. § 1.28)

ADDRESS TO: Assistant Commissioner for Patents  
 Box Patent Application  
 Washington, DC 20231

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission  
 (if applicable, all necessary)  
 a. ☐ Computer Readable Copy  
 b. ☐ Paper Copy (identical to computer copy)  
 c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement of Power of Attorney  
 (when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☐ Return Receipt Postcard (MPEP 503)  
 (Should be specifically itemized)
13. ☒ \* Small Entity Statement(s) ☐ Statement filed in prior application,  
 Status still proper and desired  
 (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) **PROG**  
 (if foreign priority is claimed) **COPY OF PS;**
15. ☒ Other: **POSTER SESSION, 6/99**  
**PLAN OF RSRCR, 2000, MODEL AS**  
**DESIGN, 2/00, QUAL CIRCLE USE 3M**

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	CAROL A. TRUFANT				
Address	P.O. BOX 14695				
City	BERKELEY	State	CA	Zip Code	94712-5695
Country	USA	Telephone	510.653-1294	Fax	-

Name (Print/Type)	CAROL A. TRUFANT, PH.D.	Registration No. (Attorney/Agent)	
Signature	<i>Carol A. Trufant</i>	Date	06-09-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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**FEE TRANSMITTAL****for FY 2000**

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.**TOTAL AMOUNT OF PAYMENT** (\$) **345.00****Complete if Known**

Application Number	
Filing Date	JUNE 9, 2000
First Named Inventor	CAROL ANN TRUFANT
Examiner Name	
Group / Art Unit	
Attorney Docket No.	

**METHOD OF PAYMENT (check one)**

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number Deposit Account Name ☐ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

- 2.
- ☒
- Payment Enclosed:**

☐ Check ☒ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 690	201 345	Utility filing fee	345.
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 690	208 345	Reissue filing fee	
114 150	214 75	Provisional filing fee	

**SUBTOTAL (1)** (\$) **345.****2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
-20**	X		
-3**	X		
Multiple Dependent			

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** (\$) **FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet.	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 380	216 190	Extension for reply within second month	
117 870	217 435	Extension for reply within third month	
118 1,360	218 680	Extension for reply within fourth month	
128 1,850	228 925	Extension for reply within fifth month	
119 300	219 150	Notice of Appeal	
120 300	220 150	Filing a brief in support of an appeal	
121 260	221 130	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,210	241 605	Petition to revive - unintentional	
142 1,210	242 605	Utility issue fee (or reissue)	
143 430	243 215	Design issue fee	
144 580	244 290	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 690	246 345	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 690	249 345	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$) **SUBMITTED BY**

Name (Print/Type)	CAROL A. TRUFANT	Registration No. (Attorney/Agent)		Telephone	510,653-1294
Signature	<i>Carol A. Trufant</i>			Date	JUNE 9, 2000

**WARNING:**

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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6 PP INCLUDING MODEL ( FIG. 1 &amp; 3

In the United States Patent and Trademark Office

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Jc836 U.S. PTO  
09/591147  
06/09/00

Box Patent Application  
Assistant Commissioner for Patents  
Washington, District of Columbia 20231

Sir:

Please file the following enclosed patent application papers:

Applicant #1, Name: CAROL A. TRUFANT Ph.D.

Applicant #2, Name: \_\_\_\_\_

Title: An INTERGROUP WORKING Model for Social Conflict  
on application Resolution

☒ Specification, Claims, and Abstract: Nr. of Sheets 6

☒ Declaration: Date Signed: 6-9-00

☒ Drawing(s): Nr. of Sheets Enc.: Formal: 2 Informal: \_\_\_\_\_

☒ Small Entity Declaration of Inventor(s) ☐ SED of Non-Inventor / Assignee / Licensee

☐ Assignment enclosed with cover sheet and recordal fee; please record and return.

☒ Check for \$ 345 for: Utility & #185 for Design

☒ \$ 345 + 155 for filing fee (not more than three independent claims and twenty total claims are presented).

☐ \$ \_\_\_\_\_ additional if Assignment is enclosed for recordal.

☒ Information Disclosure Statement, Form PTO-1449, and listed references. abstract of?

☐ Disclosure Document Program reference letter.

☐ Pursuant to 35 U.S.C. §119(e)(i), applicant(s) claim priority of Provisional Patent Application Ser. Nr. \_\_\_\_\_  
filed \_\_\_\_\_

☒ Return Receipt Postcard Addressed to Applicant #1.

☒ Request Under MPEP § 707.07(j): The undersigned, a pro se applicant, respectfully requests that if the Examiner finds patentable subject matter disclosed in this application, but feels that Applicant's present claims are not entirely suitable, the Examiner draft one or more allowable claims for applicant.

Very respectfully,

Carol A. Trufant  
Applicant #1 Signature

Applicant #2 Signature \_\_\_\_\_

Address (Send Correspondence Here)

PO Box 14695  
Berkeley CA 94712-5695

Address \_\_\_\_\_

Express Mail Label #

EE672257550US

; Date of Deposit 200

6-9-00